

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

James F. Kohli

Serial No.: 09/619,957

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For: Secure Medical Facility Report
Preparation and Delivery

§ Group Art Unit: 3626

§ Examiner: Morgan, Robert W.

§ Atty. Docket: GEMS:0085/YOD
15-SV-5489

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October 18, 2005

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Helen Tinsley

APPEAL BRIEF PURSUANT TO 37 C.F.R. §§ 41.31 AND 41.37

Dear Sir:

This Appeal Brief is being filed in furtherance to the Notice of Appeal submitted via facsimile on August 18, 2005, responsive to the Final Official Action mailed on May 19, 2005.

The Commissioner is authorized to charge the requisite fee of \$500.00, and any additional fees which may be necessary to advance prosecution of the present application, to Account No. 07-0845, Order No. 15-SV-5489/YOD (GEMS:0085).

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1. REAL PARTY IN INTEREST

The real party in interest is General Electric Company, the Assignee of the above-referenced application by virtue of the Assignment recorded at reel 011193, frame 0330, and recorded on 10/10/2000. General Electric Company, the Assignee of the above-referenced application, as evidenced by the documents mentioned above, will be directly affected by the Board's decision in the pending appeal.

2. RELATED APPEALS AND INTERFERENCES

Appellant is unaware of any other appeals or interferences related to this Appeal. The undersigned is Appellant's legal representative in this Appeal.

3. STATUS OF CLAIMS

Claims 1-33, 35-37 are currently pending, and claims 1-33, 35-37 are currently under final rejection and, thus, are the subject of this appeal. The claims appended to this Brief reflect the amendment filed herewith (cancellation of claim 34).

4. STATUS OF AMENDMENTS

The Appellant has submitted an amendment along with this Brief and request its entry. In the amendment, claim 34 has been cancelled to simplify the issues for appeal.

5. SUMMARY OF CLAIMED SUBJECT MATTER

The present invention relates generally to a field of medical diagnostic systems and facilities, and to the management of such facilities. *See, Application, page 1, lines 3-4.* More particularly, the invention relates to a technique for generating and delivering reports regarding activities and operations of medical diagnostic facilities in a secure manner from a central repository of operational data. *See id. at page 1, lines 7-10.*

The Application contains eight independent claims, namely, claims 1, 12, 19, 23, 29, 35, 36 and 37, all of which are the subject of this Appeal. The subject matter of these claims is summarized below.

With regard to the aspect of the invention set forth in independent claim 1, discussions of the recited features of claim 1 can be found at least in the below cited locations of the specification and drawings. By way of example, an embodiment in accordance with the present invention relates to a method for generating reports (e.g., 196) for management of a medical facility. *See, e.g., id.* at page 3, lines 7-10; *see also* Fig. 10. The method comprises storing data (e.g., 94) representative of operation of a medical facility in a data repository operative in a first processing space (e.g., 56). *See, e.g., id.* at page 7, line 23; at page 9, lines 6-7; *see also*, Figs. 1 and 2. The method further comprises accessing data (e.g., 92) from the repository to populate a report. *See, e.g., id.* at page 9, line 2; *see also* Fig 2. Further, the method comprises transmitting the accessed data to a second processing space separated from the first processing space by a security device (e.g., 132). *See, e.g., id.* at page 7, lines 23-27; *see also* Fig. 5. The method also includes generating the report in the second processing space based upon the transmitted data. *See, e.g., id.* at page 12, lines 8-11.

With regard to the aspect of the invention set forth in independent claim 12, discussions of the recited features of claim 12 can be found at least in the below cited locations of the specification and drawings. By way of example, an embodiment in accordance with the present invention relates to a method for securely generating reports of activities of a medical diagnostic facility. *See id.* at page 3, lines 22-27. The method comprises storing data (e.g., 92) representative of activities of the medical diagnostic facility in a secure database (e.g., 68) operative in a first processing space (e.g., 56). *See, e.g., id.* at page 8, lines 25-28; page 9, lines 6-7, *see also* Figs. 1 and 2. The method further comprises defining a report template (e.g., 102), which identifies data for presentation in a report. *See, e.g., id.* at page 10, lines 16-18; *see also* Fig. 2. The method for securely

generating reports also includes populating a data file (e.g., 98) in the first processing space with data from the database, as identified by the report template. *See, e.g., id.* at page 9, lines 13-15; pages 10-14; *see also* Fig. 2. Further, the method comprises exporting the data file to a second processing space (e.g., 58) separated from the first processing space by a security device (e.g., 132). *See, e.g., id.* at page 7, lines 27-29; *see also* Figs. 1 and 5. Finally, the method includes generating the report (e.g., 128) in the second processing space based upon the template and the data file. *See, e.g., id.* at page 12, lines 8-11; *see also* Fig. 5.

With regard to the aspect of the invention set forth in independent claim 19, discussions of the recited features of claim 19 can be found at least in the below cited locations of the specification and drawings. By way of example, an embodiment in accordance with the present invention relates to a method for securely providing reports relating to activities of a medical diagnostic facility. *See, e.g., id.* at page 3, lines 20-23. The method comprises storing data representative of activities of the medical diagnostic facility in a secure data repository operative (e.g., 68) in a first processing space (e.g., 56). *See, e.g., id.* at page 8, lines 25-28; page 9, lines 6-7; *see also* Fig. 1. The method *also* includes generating a report data file in the first processing space in accordance with a predefined report template. *See, e.g., id.* at page 8, line 9- page 10, line 21; *see also* Fig. 2. Further, the method comprises exporting the report data file from the first processing space to a second processing space (e.g., 58), securely separated from the first processing space. *See, e.g., id.* at page 9, lines 27-29; *see also*, Fig. 1. Accordingly, the second processing space is accessible by the medical diagnostic facility via a wide area network. *See, e.g., id.* at page 16, lines 15-20. Finally, the method *also* includes generating a report (e.g., 196) based upon the template and the report data file. *See, e.g., id.* at page 16, lines 9-14; *see also* Fig. 10.

With regard to the aspect of the invention set forth in independent claim 23, discussions of the recited features of claim 23 can be found at least in the below cited

locations of the specification and drawings. By way of example, an embodiment in accordance with the present invention relates to a system for generating reports relating to activities of a medical diagnostic facility. *See, e.g., id.* at page 3, lines 8-16. The system comprises a secure data repository operative in a first processing space (e.g., 56) for storing data representative of activities of the medical diagnostic facility. *See, e.g., id.* at page 7, lines 22-25; *see also* Fig. 1. The system also includes a report template (e.g., 198) identifying desired data for populating a report. *See, e.g., id.* at page 16, lines 12-14; *see also* Fig. 10. Further, the system comprises a data access program module (e.g. 68), operative in the first processing space for extracting the desired data from the repository. *See, e.g., id.* at page 8, lines 1-5; *see also* Fig. 1. Further, the system comprises a second data repository operative (e.g., 62) in a second processing space (e.g., 56) securely separated from the first processing space for storing the desired data extracted by the data access program module. *See, e.g., id.* at page 7, line 24- page 8, line 1; *see also* Fig. 1. Lastly, the system includes a report generation program module (124), operative in the second processing space for generating a report based upon the desired data. *See, e.g., id.* at page 12, lines 9-11; *see also* Fig. 4.

With regard to the aspect of the invention set forth in independent claim 29, discussions of the recited features of claim 29 can be found at least in the below cited locations of the specification and drawings. By way of example, an embodiment in accordance with the present invention relates to a system for generating reports for management of a medical facility. *See, id.* at page 3, lines 9-16. The system comprises means for storing data (e.g., 94) representative of operation of a medical facility in a data repository operative in a first processing space (e.g., 56). *See, e.g., id.* at page 7, line 23; page 9, lines 6-7; *see also* Figs. 1 and 2. The system further comprises means for accessing data (e.g., 92) from the repository to populate a report. *See, e.g., id.* at page 9, line 2; *see also* Fig. 2. Further, the system comprises means for transmitting the accessed data to a second processing space separated from the first processing space by a security device (e.g., 132). *See, e.g., id.* at page 7, lines 23-27; *see also* Fig. 5. Lastly, the system

includes means for generating the report in the second processing space based upon the transmitted data. *See, e.g., id.* at page 12, lines 8-11.

With regard to the aspect of the invention set forth in independent claim 35, discussions of the recited features of claim 35 can be found at least in the below cited locations of the specification and drawings. By way of example, an embodiment in accordance with the present invention relates to a computer program for generating reports for management of a medical facility. *See, e.g., id.* at page 3, line 27-page 4, line 3. The computer program comprises at least one computer readable medium. *See, id.* at page 6, lines 10-13; *see also* Fig. 1. The computer program also comprises code stored on the at least one computer readable medium for carrying out steps for storing data (e.g., 94) representative of operation of a medical facility in a data repository operative in a first processing space (e.g., 56). *See, e.g., id.* at page 7, line 23; page 9, lines 6-7; *see also* Figs. 1 and 2. The steps carried out by the computer code further accessing data (e.g., 92) from the repository to populate a report. *See, e.g., id.* at page 9, line 2; *see also* Fig. 2. The steps also include transmitting the accessed data to a second processing space separated from the first processing space by a security device (e.g., 132). *See, e.g., id.* at page 7, lines 23-27; *see also* Fig. 5. Lastly the steps include generating the report in the second processing space based upon the transmitted data. *See, e.g., id.* at page 12, lines 8-11.

With regard to the aspect of the invention set forth in independent claim 36, discussions of the recited features of claim 36 can be found at least in the below cited locations of the specification and drawings. By way of example, an embodiment in accordance with the present invention relates to a computer program for securely generating reports of activities of a medical diagnostic facility. *See, id.* at page 3, line 27-page 4, line 3. The computer program comprises at least one computer readable medium. *See, id.* at page 6, lines 10-13; *see also* Fig. 1. The computer program further includes computer code stored on the at least one computer readable medium for carrying out the steps of storing data (e.g., 92) representative of activities of the medical diagnostic facility

in a secure database (e.g., 68) operative in a first processing space (e.g., 56). *See, e.g., id.* at page 8, lines 25-28; page 9, lines 6-7; *see also* Figs. 1 and 2. The steps further include defining a report template (e.g., 102), which identifies data for presentation in a report. *See, e.g., id.* at page 10, lines 16-18; *see also* Fig. 2. Further, the steps include populating a data file (e.g., 98) in the first processing space with data from the database as identified by the report template. *See, e.g., id.* at page 9, lines 13-15; pages 10-14; *see also* Fig. 2. Further, the steps include exporting the data file to a second processing space (e.g., 58) securely (e.g., 132) from the first processing space. *See, e.g., id.* at page 7, lines 27-29; *see also* Figs. 1 and 5. Finally, the steps comprise generating the report (e.g., 128) in the second processing space based upon the template and the data file. *See, e.g., id.* at page 12, lines 8-11; *see also* Fig. 5.

With regard to the aspect of the invention set forth in independent claim 37, discussions of the recited features of claim 37 can be found at least in the below cited locations of the specification and drawings. By way of example, an embodiment in accordance with the present invention relates to a computer program for securely generating reports of activities of a medical diagnostic facility. *See, id.* at page 3, line 27-page 4, line 3. The computer program comprises at least one computer readable medium. *See, id.* at page 6, lines 10-13; *see also* Fig. 1. The computer program further includes computer code stored on the at least one computer readable medium for carrying out the steps of storing data (e.g., 92) representative of activities of the medical diagnostic facility in a secure database (e.g., 68) operative in a first processing space (e.g., 56). *See, e.g., id.* at page 8, lines 25-28; page 9, lines 6-7; *see also* Figs. 1 and 2. The steps also include generating a report data file in the first processing space in accordance with a predefined report template. *See, e.g., id.* at page 8, line 9- page 10, line 21; *see also* Fig. 2. Further, the steps comprise exporting the report data file from the first processing space to a second processing space (e.g., 58), securely separated from the first processing space. *See, e.g., id.* at page 9, lines 27-29; *see also* Fig. 1. Accordingly, the second processing space is accessible by the medical diagnostic facility via a wide area network. *See, e.g., id.* at page

16, lines 15-20. Finally; the steps include generating a report (e.g., 196) based upon the template and the report data file. *See, e.g., id.* at page 16, lines 9-14; *see also id.*, Fig. 10.

6. **GROUNDS OF REJECTION TO BE REVIEWED ON APPEAL**

Appellant respectfully urges the Board to review and reverse the Examiner's grounds of rejection of claims 1-33, and 35-37 under 35 U.S.C. § 103(a) as being rendered obvious over U.S. Patent No. 6,260, 021 to Wong et al. ("Wong") in view of U.S. Patent No. 4, 899,292 to Montagna et al. ("Montagna").

7. **ARGUMENT**

As discussed in detail below, the Examiner has improperly rejected the pending claims. Further, the Examiner has misapplied long-standing and binding legal precedents and principles in rejecting the claims under Section 103. Accordingly, Appellant respectfully requests full and favorable consideration by the Board, as Appellant strongly believes that claims 1-33, and 35-37 are currently in condition for allowance.

A. **Ground of Rejection:**

The Examiner rejected claims 1-33, and 35-37 under 35 U.S.C. § 103(a) as being unpatentable over Wong in view of Montagna. Appellant respectfully traverses this rejection.

1. **Judicial precedent has clearly established a legal standard for a *prima facie* obviousness rejection**

The burden of establishing a *prima facie* case of obviousness falls on the Examiner. *Ex parte Wolters and Kuypers*, 214 U.S.P.Q. 735 (B.P.A.I. 1979). Obviousness cannot be established by combining the teachings of the prior art to produce the claimed invention absent some teaching or suggestion supporting the combination. *ACS Hospital Systems, Inc. v. Montefiore Hospital*, 732 F.2d 1572, 1577, 221 U.S.P.Q. 929, 933 (Fed. Cir. 1984). Accordingly, to establish a *prima facie* case, the Examiner

must not only show that the combination includes all of the claimed elements, but also a convincing line of reason as to why one of ordinary skill in the art would have found the claimed invention to have been obvious in light of the teachings of the references. *Ex parte Clapp*, 227 U.S.P.Q. 972 (B.P.A.I. 1985). When prior art references require a selected combination to render obvious a subsequent invention, there must be some reason for the combination other than the hindsight gained from the invention itself, i.e., something in the prior art as a whole must suggest the desirability, and thus the obviousness, of making the combination. *Uniroyal Inc. v. Rudkin-Wiley Corp.*, 837 F.2d 1044, 5 U.S.P.Q.2d 1434 (Fed. Cir. 1988).

2. **The Examiner's rejection of claims 1-33, and 35-37 is improper because the rejection fails to establish a *prima facie* case of obviousness.**

Independent claim 1 recites:

A method for generating reports for management of a medical facility, the method comprising the steps of:

- (a) storing data representative of operation of a medical facility in a data repository operative in a first processing space;
- (b) accessing data from the repository to populate a report;
- (c) transmitting the accessed data to a second processing space separated from the first processing space by a security device; and
- (d) generating the report in the second processing space based upon the transmitted data.

Independent claim 12 recites:

A method for securely generating reports of activities of a medical diagnostic facility, the method comprising the steps of:

- (a) storing data representative of activities of the medical diagnostic facility in a secure database operative in a first processing space;

- (b) defining a report template, the report template identifying data for presentation in a report;
- (c) populating a data file in the first processing space with data from the database as identified by the report template;
- (d) exporting the data file to a second processing space separated from the first processing space by a security device; and
- (e) generating the report in the second processing space based upon the template and the data file.

Independent claim 19 recites:

A method for securely providing reports relating to activities of a medical diagnostic facility, the method comprising the steps of:

- (a) storing data representative of activities of the medical diagnostic facility in a secure data repository operative in a first processing space;
- (b) generating a report data file in the first processing space in accordance with a predefined report template;
- (c) exporting the report data file from the first processing space to a second processing space securely separated from the first processing space, the second processing space being accessible by the medical diagnostic facility via a wide area network; and
- (d) generating a report based upon the template and the report data file.

Independent claim 23 recites:

A system for generating reports relating to activities of a medical diagnostic facility, the system comprising:

a secure data repository operative in a first processing space for storing data representative of activities of the medical diagnostic facility;

a report template identifying desired data for populating a report;

a data access program module, operative in the first processing space for extracting the desired data from the repository;

a second data repository operative in a second processing space securely separated from the first processing

space for storing the desired data extracted by the data access program module; and

 a report generation program module, operative in the second processing space for generating a report based upon the desired data.

Independent claim 29 recites:

 A system for generating reports for management of a medical facility, the system comprising:

 means for storing data representative of operation of a medical facility, the means for storing operative in a first processing space;

 means for accessing data from the means for storing to populate a report;

 means for transmitting the accessed data to a second processing space securely separated from the first processing space; and

 means for generating the report in the second processing space based upon the transmitted data.

Independent claim 35 recites:

 A computer program for generating reports for management of a medical facility comprising:

 at least one computer readable medium; and

 computer code stored on the at least one computer readable medium for carrying out the steps of storing data representative of operation of a medical facility in a data repository operative in a first processing space; accessing data from the repository to populate a report; transmitting the accessed data to a second processing space separated from the first processing space by a security device; and generating the report in the second processing space based upon the transmitted data.

Independent claim 36 recites:

 A computer program for securely generating reports of activities of a medical diagnostic facility comprising:

 at least one computer readable medium; and

 computer code stored on the at least one computer readable medium for carrying out the steps of storing data representative of activities of the medical diagnostic facility

in a secure database operative in a first processing space; defining a report template, the report template identifying data for presentation in a report; populating a data file in the first processing space with data from the database as identified by the report template; exporting the data file to a second processing space securely separated from the first processing space; and generating the report in the second processing space based upon the template and the data file.

Independent claim 37 recites:

A computer program for securely generating reports of activities of a medical diagnostic facility comprising:
at least one computer readable medium; and
computer code stored on the at least one computer readable medium for carrying out the steps of storing data representative of activities of the medical diagnostic facility in a secure data repository operative in a first processing space; generating a report data file in the first processing space in accordance with a predefined report template; exporting the report data file from the first processing space to a second processing space securely separated from the first processing space, the second processing space being accessible by the medical diagnostic facility via a wide area network; and generating a report based upon the template and the report data file.

Accordingly, each of the independent claims 1, 12, 19, 23, 29, 34, 35, 36 and 37 includes recitations not found in Wong and Montagna, even in combination. The claims recite *inter alia*, storing data of a medical facility in a *first processing space*, exporting that data to a *second processing space separated from the first processing space*, and *securely separating* the processing spaces. The claims also specify that the data is representative of operation or activities of a medical diagnostic facility

Because the Examiner rejected the independent claims 1, 12, 19, 23, 29, 35, 36 and 37 based on the same cited references, Appellant will discuss the recited features missing from the combination of the Wong and Montagna references for each of the

independent claims 1, 12, 19, 23, 29, 35, 36 and 37 together. *See* Final Office Action mailed May 19, 2005, p. 2.

The Teachings of Wong

In contrast to the claimed subject matter, Wong describes a system used to resolve problems with a lack of uniform access to and interchange of associated medical image data. *See*, Wong, col. 3, lines 17-23. To resolve the problems with non-uniform access to image data, Wong teaches a three-tier information system architecture that allows clients at workstations 38 to receive medical *image* requests and display medical image objects to a user. *See*, Wong, col. 3, line 61 to col. 4, line 15; col. 7, lines 23-27. In Wong, the medical image distribution system includes a medical *image* server 12 that communicates with the workstations 38 to request and view medical *image* information. *See*, Wong, col. 8, lines 53-57. As such, the reference is simply directed to providing uniform access to medical images.

The Teachings of Montagna

The Montagna reference is directed to a system for storing and displaying documents and associated graphical images in insurance estimation and service manuals. *See*, Montagna, col. 2, lines 65-68. In Montagna, a computer system 20 may communicate with a central computer 437 to generate insurance estimation reports. *See*, *id.* at Fig. 4; col. 7, lines 20-25. The system 20 may display hierarchical menus to identify the types of vehicles and parts damaged in an accident. *See*, *id.* at Figs. 12a and b; col. 13, lines 10-32. The system 20 displays different costs, such as labor and parts, associated with the selected parts. *See*, *id.* at col. 14, lines 50-67. To maintain an updated version of the part costs, the central computer 437 may be accessed to determine the different costs. *See id.* As such, the reference is simply directed to providing a web based insurance estimation documents.

The Examiner's Position.

In the rejection of the claims, the Examiner asserted that the claimed subject matter is shown by Wong. *See*, Final Office Action mailed May 19, 2005, pages 2-5. However, the Examiner admitted that Wong reference fails to explicitly teach certain features of the independent claims. As an example, the Examiner admitted, in generally similar ways for each independent claim, that Wong fails to explicitly teach 1) the claimed accessing of data from the repository to populate a report; 2) the claimed transmitting of the accessed data to a second processing space separated from the first processing space; and 3) the claimed generating of the report in the second processing space based upon the transmitted data. *See*, Office Action mailed January 13, 2005, pages 3-4. In an attempt to cure these deficiencies, the Examiner relied upon Montagna.

However, despite the Examiner's assertions, Wong and Montagna cannot render the claimed subject matter obvious because the references, alone or in combination, fail for at least three reasons. First, Wong and Montagna, even together, do not disclose a first and a second processing space. Second, Wong and Montagna, again, even together, do not disclose utilizing a security device or providing secure separation *between* the processing spaces, which is recited in the independent claims. Third, Wong and Montagna do not disclose such handling of data associated with the *operation or activities of a medical facility*, which is recited in each of the independent claims. Accordingly, Appellant respectfully submits that Wong and Montagna cannot render the claims obvious, as discussed below.

The references do not disclose a first and a second processing spaces.

With regard to the first point, Wong and Montagna do not disclose a first and a second processing space. The Examiner appears to have misconstrued the DRAM 72 and SRAM 78 of Montagna as *processing spaces*, and the database 62 of Wong as a *processing space*. Specifically, in the rejection, the Examiner asserted that the "first processing space" corresponds to a central computer 437 in Montagna, while the "second

processing space” corresponds to DRAM 72 and SRAM 78. However, Appellant notes the DRAM 72 and SRAM 78 are not processing spaces. The DRAM 72 is dynamic random access memory, which does not process any information, but is utilized simply as a storage location. *See, Montagna, col. 6, lines 53- 56.* Similarly, the SRAM 78 is static random access memory that is utilized only to store information, such as calibration constants, for example. *See, Montagna, col. 7, lines 16-19.* Clearly, the DRAM 72 and the SRAM 78 are not processing spaces, but are simply memory storage devices incapable of processing any data. Indeed, on the contrary, these memory devices would be in the same processing space as the central computer 437. Therefore, the Examiner has misconstrued the DRAM 72 and SRAM 78 of Montagna and misapplied the reference against the claimed subject matter.

Furthermore, with regard to Wong, the Examiner even admitted that Wong does not explicitly teach a second processing space. However, the Examiner asserted that the middleware database 62 corresponds to the first processing space of the claims. Despite this assertion, Appellant notes the middleware database 62 is simply a storage device or group of storage devices in Wong. *See, Wong, col. 12, line 65 – col. 13, line 5.* Clearly, the middleware database 62 is not a processing space, but would exist in the same processing space as the medical image server 12 and other associated client workstations. Therefore, the Examiner has misconstrued the middleware database 62 of Wong and misapplied the reference against the claimed subject matter.

Consequently, no combination of Wong and Montana would include two processing spaces, as claimed.

These references fail to teach a security device or securely separating the processing spaces.

With regard to the second point, even if it were true that the system 20 and the centralized computer 437 of Montagna were separate processing spaces, the Wong and

Montagna references do not disclose or suggest utilizing a security device *separating* the processing spaces, as is recited in claims 1, 12, and 35, or *securely separating* the processing spaces, as recited in claims 19, 23, 29, 36 and 37. In the rejection, the Examiner asserted that Wong teaches transmitting data by a security device based on various passages. However, as noted above, the Examiner admitted that Wong fails to explicitly teach transmitting the data to a second processing space separated from the first processing space. Accordingly, the Examiner relied upon Montagna to provide the second processing space and its secure separation from a first processing space. However, despite the Examiner's assertion, Wong and Montagna do not disclose this subject matter.

To begin, the Wong reference, as admitted by the Examiner, does not explicitly teach a first *and* a second processing space. Appellant agrees with the Examiner's admission. While Wong may discuss a security object server and security protocols, it does not disclose or suggest utilizing a security device *between* a first and a second processing space to separate the processing spaces. In fact, the security object server 60 is part of the medical image server 12 along with the middleware database 62, which the Examiner asserted was the first processing space. *See*, Wong, Fig. 2; col. 9, lines 34-37; col. 10, lines 12-27. This security object server 60 is a software component that simply provides access control to the image data from the client workstations 38. Accordingly, because the security object server 60 merely provides password security and is actually part of the medical image server 12, it is not a security device that separates any processing spaces or that provides secure separation between the client workstations 38 and medical image server 12.

Similarly, the security protocols discussed by Wong are utilized to ensure confidentiality of the medical images. *See*, Wong, col. 8, lines 59-64. That is, the security protocols are utilized by client workstations 38 and the medical image server 12 in the communication of the medical image data. Because both the client workstations 38

and medical image server 12 use these protocols, the security protocols are not a security device that separates any processing spaces or that is even able to provide secure separation between the client workstations 38 and medical image server 12.

Further, Montagna fails to cure the deficiencies of Wong. In Montagna, a system 20 may communicate with a centralized computer 437. *See, Montagna, Fig. 4; col. 7, lines 20-24.* However, Montagna does not mention providing a security device between any processing spaces or even securely separating any processing spaces. As noted above, Montagna does not even appear to teach processing spaces capable of separation. As such, because Montagna does not disclose or suggest the claimed subject matter, Montagna fails to cure the deficiencies of Wong.

Accordingly, no combination of the references would include secure separation of processing spaces, as claimed.

The references fail to teach *data associated with the operation or activities of a medical facility.*

With regard to the third point, Wong and Montagna do not disclose or suggest secure handling of data associated with the *operation or activities of a medical facility securely*, as is recited in claims 1, 12, 19, 23, 29, 35, 36 and 37. In the present application, it is noted that the data within medical diagnostic facilities is highly sensitive. *See, Application, page 2, lines 29-31.* These data may be utilized to populate reports, such as management reports, while maintaining the data repository in a secure processing space. *See, Application, page 3, lines 23-31.* As such, the data associated with the *operation or activities of a medical facility* is special data that is unique to medical facilities.

In the rejection, the Examiner asserted that the medical image data corresponds to the claimed medical facility operations or activities data. However, despite the

Examiner's assertion, Wong is not related to *operational aspects or activities of a medical facility*. In fact, the system in Wong is used to resolve problems with a lack of uniform access to and interchange of associated medical image data. *See, Wong et al., col. 3, lines 17-23.* By utilizing this system, medical *image* data associated with medical image data may provided in a uniform manner to other workstations 38. *See, Wong et al., col. 3, line 61 to col. 4, line 30.* That is, Wong simply relates to a mechanism for uniformly distributing medical image files. In fact, Wong does not even mention any operational aspects or activities of the medical facility. As such, Wong does not disclose this claimed subject matter.

Further, while the Examiner did not rely on Montagna to disclose this claimed subject matter, it fails to cure the deficiencies of Wong. As noted above, Montagna is directed to a system for storing and displaying documents and associated graphical images in insurance estimation and service manuals. *See, Montagna, col. 2, lines 65-68.* In Montagna, a computer system 20 is utilized to display hierarchical menus associated with the types of vehicles and the respective parts. *See, id. at Figs. 4, 12a and b; col. 13, lines 10-32.* Accordingly, Montagna is devoid of any mention of a *medical facility*, much less data associated with the *operational aspects or activities of a medical facility*.

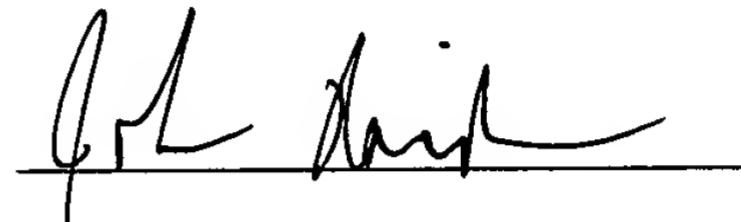
Because the Examiner has failed to show that the cited references disclose *all* of the claimed elements, the Examiner has failed to establish a *prima facie* case of obviousness. Therefore, Appellant respectfully requests the Examiner to withdraw the rejection and allow claims 1-33, and 35-37.

Conclusion

In view of the remarks and amendments set forth above, Appellant respectfully requests allowance of the pending claims 1-33, 35-37. However, if the Examiner or Board wishes to resolve any other issues by way of a telephone conference, the Examiner

or Board is kindly invited to contact the undersigned attorney at the telephone number indicated below.

Respectfully submitted,



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8. **APPENDIX OF CLAIMS ON APPEAL**

Listing of Claims:

1. (original) A method for generating reports for management of a medical facility, the method comprising the steps of:
 - (a) storing data representative of operation of a medical facility in a data repository operative in a first processing space;
 - (b) accessing data from the repository to populate a report;
 - (c) transmitting the accessed data to a second processing space separated from the first processing space by a security device; and
 - (d) generating the report in the second processing space based upon the transmitted data.
2. (original) The method of claim 1, wherein the data is accessed in accordance with a predetermined reporting schedule.
3. (original) The method of claim 1, wherein the data is accessed in response to an operator prompt for report generation.
4. (original) The method of claim 1, comprising the further step of generating a report template identifying data to be accessed in the first processing space, and wherein step (b) includes accessing data identified in the report template.
5. (original) The method of claim 1, wherein the security device includes a firewall.

6. (original) The method of claim 1, wherein the accessed data is stored in a data file and step (c) includes exporting the data file to a storage medium in the second processing space.
7. (original) The method of claim 1, comprising the further step of automatically generating a notification message indicative of availability of the report generated in step (d).
8. (original) The method of claim 7, wherein the message is transmitted to a user, and the report is maintained in the second processing space at least until the user accesses the report to a remote location.
9. (original) The method of claim 1, wherein the second processing space is accessible via a wide area network.
10. (original) The method of claim 9, wherein the second processing space is accessible via the Internet.
11. (original) The method of claim 1, wherein the report is generated for a subscribing medical facility, and wherein the first processing space is inaccessible to the subscribing facility.
12. (previously presented) A method for securely generating reports of activities of a medical diagnostic facility, the method comprising the steps of:
 - (a) storing data representative of activities of the medical diagnostic facility in a secure database operative in a first processing space;
 - (b) defining a report template, the report template identifying data for presentation in a report;

- (c) populating a data file in the first processing space with data from the database as identified by the report template;
- (d) exporting the data file to a second processing space separated from the first processing space by a security device; and
- (e) generating the report in the second processing space based upon the template and the data file.

13. (original) The method of claim 12, wherein step (a) includes storing data accessed from the medical diagnostic facility during automated data collection.
14. (original) The method of claim 12, wherein the first processing space is inaccessible by the medical diagnostic facility.
15. (original) The method of claim 12, wherein the second processing space is accessible by the medical diagnostic facility.
16. (original) The method of claim 15, wherein the second processing space is accessible via a wide area network.
17. (original) The method of claim 12, wherein the data file is populated in accordance with a predetermined report generation schedule.
18. (original) The method of claim 12, wherein the report is stored in the second processing space until accessed by the medical diagnostic facility.
19. (previously presented) A method for securely providing reports relating to activities of a medical diagnostic facility, the method comprising the steps of:
 - (a) storing data representative of activities of the medical diagnostic facility in a secure data repository operative in a first processing space;

(b) generating a report data file in the first processing space in accordance with a predefined report template;

(c) exporting the report data file from the first processing space to a second processing space securely separated from the first processing space, the second processing space being accessible by the medical diagnostic facility via a wide area network; and

(d) generating a report based upon the template and the report data file.

20. (original) The method of claim 19, comprising the further step of transmitting the report to the medical diagnostic facility via a wide area network.

21. (original) The method of claim 20, wherein the wide area network includes the Internet.

22. (original) The method of claim 19, wherein the data stored in step (a) is collected at least partially during automated data collection sessions between the medical diagnostic facility and a remote service provider.

23. (original) A system for generating reports relating to activities of a medical diagnostic facility, the system comprising:

a secure data repository operative in a first processing space for storing data representative of activities of the medical diagnostic facility;

a report template identifying desired data for populating a report;

a data access program module, operative in the first processing space for extracting the desired data from the repository;

a second data repository operative in a second processing space securely separated from the first processing space for storing the desired data extracted by the data access program module; and

a report generation program module, operative in the second processing space for generating a report based upon the desired data.

24. (original) The system of claim 23, wherein the data access program is configured to extract the desired data in accordance with a predetermined schedule.
25. (original) The system of claim 23, wherein the second data repository is configured to store the report.
26. (original) The system of claim 23, wherein the second data repository is accessible by the medical diagnostic facility.
27. (original) The system of claim 26, comprising a server coupled to the second data repository for transmitting the report to the medical diagnostic facility.
28. (original) The system of claim 27, wherein the server is configured to be coupled to a wide area network, and to transmit the report to the medical diagnostic facility via the wide area network.
29. (original) A system for generating reports for management of a medical facility, the system comprising:
 - means for storing data representative of operation of a medical facility, the means for storing operative in a first processing space;
 - means for accessing data from the means for storing to populate a report;
 - means for transmitting the accessed data to a second processing space securely separated from the first processing space; and
 - means for generating the report in the second processing space based upon the transmitted data.
30. (original) The system of claim 29, further comprising means for notifying the medical facility of availability of the report.

31. (original) The system of claim 29, further comprising means for transmitting the report to the medical facility.
32. (original) The system of claim 31, wherein the means for transmitting the report includes a wide area network.
33. (original) The system of claim 29, wherein the first processing space is inaccessible by the medical facility and the second processing space is accessible by the medical facility.
34. (cancelled).
35. (previously presented) A computer program for generating reports for management of a medical facility comprising:
at least one computer readable medium; and
computer code stored on the at least one computer readable medium for carrying out the steps of storing data representative of operation of a medical facility in a data repository operative in a first processing space; accessing data from the repository to populate a report; transmitting the accessed data to a second processing space separated from the first processing space by a security device; and generating the report in the second processing space based upon the transmitted data.
36. (previously presented) A computer program for securely generating reports of activities of a medical diagnostic facility comprising:
at least one computer readable medium; and
computer code stored on the at least one computer readable medium for carrying out the steps of storing data representative of activities of the medical diagnostic facility in a secure database operative in a first processing space; defining a report template, the report template identifying data for presentation in a report; populating a data file in the first

processing space with data from the database as identified by the report template; exporting the data file to a second processing space securely separated from the first processing space; and generating the report in the second processing space based upon the template and the data file.

37. (previously presented) A computer program for securely generating reports of activities of a medical diagnostic facility comprising:
at least one computer readable medium; and
computer code stored on the at least one computer readable medium for carrying out the steps of storing data representative of activities of the medical diagnostic facility in a secure data repository operative in a first processing space; generating a report data file in the first processing space in accordance with a predefined report template; exporting the report data file from the first processing space to a second processing space securely separated from the first processing space, the second processing space being accessible by the medical diagnostic facility via a wide area network; and generating a report based upon the template and the report data file.

9. APPENDIX OF EVIDENCE

None.

10. APPENDIX OF RELATING PROCEEDINGS

None.